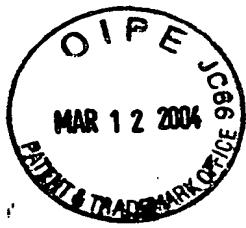


## BOSE MCKINNEY &amp; EVANS LLP

CUSTOMER NUMBER 25267

2700 First Indiana Plaza  
 135 North Pennsylvania Street  
 Indianapolis, Indiana 46204

## PATENT APPLICATION



Applicant: Riley et al.  
 Serial No.: 10/760,653  
 Filing Date: January 20, 2004  
 Title: HOSPITAL BED EQUIPMENT SUPPORT APPARATUS  
 Group: Unknown  
 Examiner: Unknown

Attorney Docket No.: 8266-1221

Commissioner for Patents  
 P. O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

| CLAIMS AS AMENDED  |   |                                       |                          |      |       |
|--|---|---------------------------------------|--------------------------|------|-------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | NUMBER<br>EXTRA          | RATE | FEE   |
| TOTAL CLAIMS (37 C.F.R. 1.16(c))   | 39  | 35                                    | 4                        | \$18 | \$72  |
| INDEPENDENT CLAIMS<br>(37 C.F.R. 1.16(b))  | 9   | 3                                     | 6                        | \$86 | \$516 |
| If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2,<br>and enter amount here. |   |                                       | SMALL<br>ENTITY<br>TOTAL | NO   | \$588 |
| TOTAL FEE FOR ADDITIONAL CLAIMS  |   |                                       |                          |      | \$588 |

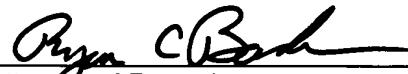
An Extension of Time for \_\_\_\_\_ month(s) is hereby requested  
 under 37 C.F.R. 1.136(a). The required fee for filing this extension is: \_\_\_\_\_

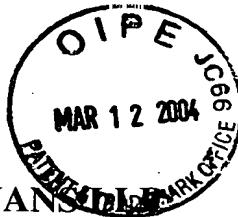
Information Disclosure Statement \_\_\_\_\_

**TOTAL FEE FOR THIS AMENDMENT** \$588

A check in the amount of \$ 588 to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

  
 Attorney of Record  
 Printed Name: Ryan C. Barker  
 Registration No.: 47,405



BOSE McKINNEY & EVANS

**Customer Number 25267**

2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204  
(317) 684-5000

**PATENT APPLICATION**

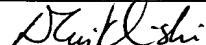
***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

*Group:* Unknown }  
} }  
*Atty. Docket:* 8266-1221 } }  
} }  
*Applicants:* Riley et al. } }  
} }  
*Invention:* HOSPITAL BED EQUIPMENT } }  
SUPPORT APPARATUS } }  
} }  
*Serial No.:* 10/760,653 } }  
} }  
*Filed:* January 20, 2004 } }  
} }  
*Examiner:* Unknown } }

**Certificate Under 37 C.F.R. § 1.8**

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

on March 9, 2004



D. Cwiklinski

Dated: March 9, 2004

**Preliminary Amendment**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please enter the following amendment.

03/15/2004 JBALINAN 00000079 10760653

01 FC:1201  
02 FC:1202

516.00 OP  
72.00 OP